

UB-04 PAPER CLAIM FORM FREQUENTLY ASKED QUESTIONS

Question	Answer																
<p>1. When can I begin to use the new UB-04 claim form?</p>	<p>The new UB-04 claim form is currently being accepted by Idaho Medicaid.</p>																
<p>2. Can I still use the UB-92 claim form and for how long?</p>	<p>The UB-92 and new UB-04 versions of the UB claim form will be accepted for processing until September 30, 2007. As of October 1, 2007 only the UB-04 claim form will be accepted. Providers should be transitioning to the new UB-04 claim form now, in anticipation of Medicaid no longer accepting the UB-92 claim form in the future.</p>																
<p>3. How do I complete the new UB-04 claim form?</p>	<p>Instructions for completing the new UB-04 claim form that are specific to Idaho Medicaid claim submissions and a sample of the claim form are posted on the Health and Welfare website listed under Medicaid Providers at: http://www.healthandwelfare.idaho.gov/site/3348/default.aspx</p>																
<p>4. Do I continue to bill total charges with revenue code 001 in the body of the claim?</p>	<p>No, Line 23 is specifically designed for capturing the total charges. If revenue code 001 and total charges are in fields 1 through 22 they will be processed as an additional revenue code resulting in possible claim denials.</p>																
<p>5. If I need to bill with referring provider information, where should the information be entered?</p>	<p>Enter the Idaho Medicaid referral provider number in field 78, on the fourth (last) box.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tbody> <tr> <td style="background-color: #d3d3d3;">78 OTHER</td> <td>NPI</td> <td>QUAL</td> <td>802222200</td> </tr> <tr> <td colspan="2">LAST</td> <td colspan="2">FIRST</td> </tr> <tr> <td style="background-color: #d3d3d3;">79 OTHER</td> <td>NPI</td> <td>QUAL</td> <td>803333300</td> </tr> <tr> <td colspan="2">LAST</td> <td colspan="2">FIRST</td> </tr> </tbody> </table>	78 OTHER	NPI	QUAL	802222200	LAST		FIRST		79 OTHER	NPI	QUAL	803333300	LAST		FIRST	
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<p>6. What is a qualifier?</p>	<ul style="list-style-type: none"> • A qualifier is a 2-character modifier that identifies the information that follows it. • Qualifiers are not required on the UB-04 claim form. 																																																			
<p>7. What other fields need special attention when billing Idaho Medicaid on the new UB-04 claim form?</p>	<p>Since both the participant's first and last name is verified in claims processing, please enter the last name in field 8a and the first name in field 8b.</p> <table border="1" data-bbox="751 496 1539 586"> <tr> <td data-bbox="751 496 1014 540">8 PATIENT NAME</td> <td data-bbox="1014 496 1045 540">a</td> <td data-bbox="1045 496 1539 540">SMITH</td> </tr> <tr> <td data-bbox="751 540 1014 586">b</td> <td data-bbox="1014 540 1045 586"></td> <td data-bbox="1045 540 1539 586">DAVID</td> </tr> </table> <p>The fields for covered, non-covered, co-insurance and lifetime reserve days have been eliminated. These days are now indicated in fields 30 through 41 with the appropriate value codes.</p> <table border="1" data-bbox="743 786 1518 985"> <thead> <tr> <th data-bbox="743 786 774 829"></th> <th data-bbox="774 786 1014 829">39 CODE</th> <th data-bbox="1014 786 1220 829">VALUE CODES AMOUNT</th> <th data-bbox="1220 786 1266 829"></th> <th data-bbox="1266 786 1430 829">40 CODE</th> <th data-bbox="1430 786 1518 829">VALUE CODES AMOUNT</th> <th data-bbox="1518 786 1556 829"></th> <th data-bbox="1556 786 1686 829">41 CODE</th> <th data-bbox="1686 786 1787 829">VALUE CODES AMOUNT</th> </tr> </thead> <tbody> <tr> <td data-bbox="743 829 774 865">a</td> <td data-bbox="774 829 1014 865">80</td> <td data-bbox="1014 829 1220 865">17</td> <td data-bbox="1220 829 1266 865">:</td> <td data-bbox="1266 829 1430 865"></td> <td data-bbox="1430 829 1518 865">:</td> <td data-bbox="1518 829 1556 865"></td> <td data-bbox="1556 829 1686 865"></td> <td data-bbox="1686 829 1787 865">:</td> </tr> <tr> <td data-bbox="743 865 774 901">b</td> <td data-bbox="774 865 1014 901"></td> <td data-bbox="1014 865 1220 901"></td> <td data-bbox="1220 865 1266 901">:</td> <td data-bbox="1266 865 1430 901"></td> <td data-bbox="1430 865 1518 901"></td> <td data-bbox="1518 865 1556 901"></td> <td data-bbox="1556 865 1686 901"></td> <td data-bbox="1686 865 1787 901">:</td> </tr> <tr> <td data-bbox="743 901 774 937">c</td> <td data-bbox="774 901 1014 937"></td> <td data-bbox="1014 901 1220 937"></td> <td data-bbox="1220 901 1266 937">:</td> <td data-bbox="1266 901 1430 937"></td> <td data-bbox="1430 901 1518 937"></td> <td data-bbox="1518 901 1556 937"></td> <td data-bbox="1556 901 1686 937"></td> <td data-bbox="1686 901 1787 937">:</td> </tr> <tr> <td data-bbox="743 937 774 985">d</td> <td data-bbox="774 937 1014 985"></td> <td data-bbox="1014 937 1220 985"></td> <td data-bbox="1220 937 1266 985">:</td> <td data-bbox="1266 937 1430 985"></td> <td data-bbox="1430 937 1518 985"></td> <td data-bbox="1518 937 1556 985"></td> <td data-bbox="1556 937 1686 985"></td> <td data-bbox="1686 937 1787 985">:</td> </tr> </tbody> </table>	8 PATIENT NAME	a	SMITH	b		DAVID		39 CODE	VALUE CODES AMOUNT		40 CODE	VALUE CODES AMOUNT		41 CODE	VALUE CODES AMOUNT	a	80	17	:		:			:	b			:					:	c			:					:	d			:					:
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* It is important to note that the Idaho Medicaid provider number will continue to be required on all UB-04 claim forms.